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Attorney Docket Number

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DECLARATION F	. []	First Named Invent	rgett et al.	ett et al.						
UTILITY OR DES	IGN	COMPLETE IF KNOWN								
PATENT APPLICA	TION 7	Application Number	09/26	09/260,209						
☐ Declaration ☐ Declaration	oration	Filing Date	03/01	/1999						
Submitted OR Subm	nitted after	Group Art Unit	1743							
with Initial Initia Filing	l Filing	Examiner Name			<u></u>					
As a below named inventor, I hereby o	declare that									
My residence, post office address, and c	itizenship are as st	tated below next to my nar	me .							
I believe I am the original, first and sole i names are listed below) of the subject m	inventor (if only one natter which is clain	e name is listed below) or a ned and for which a paten	an original, firs t is sought on	st and joint inventor (if plura the invention entitled:	ai					
PRESSURE VESSEL WITH	COMPOSITE	SLEEVE								
	(Title of	f the Invention)			, <u> </u>					
the specification of which is attached hereto										
OR was filed on (MM/DD/YYYY)	03/01/1999	as United S	States Applica	tion Number or PCT Intern	ational					
Application Number 09/260,209 and was amended on (MM/DD/YYYY) (if applicable).										
I hereby state that I have reviewed and u amended by any amendment specifically	understand the cont	tents of the above identifie	ed specification	n, including the claims, as						
I acknowledge the duty to disclose information 1.56.			le 37 Code of F	ederal Regulations						
I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or §365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.										
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attack	ned?					
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Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:										
I hereby claim the benefit under Title 35			States provisi	onal application(s) listed b	elow.					
Application Number(s)	Filing Date ((MM/DD/YYYY)		onal provisional applications are listed on a	ation					
			suppl	emental priority data sh /SB/02B attached hereto						

[Page 1 of 2]
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I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is no disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, 1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.														
U.S. Parent Application Number					PCT Parent I			Parent Filing Date (MM/DD/YYYY)			Parent Patent Number {if applicable}			
Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto														
As a named inve and Trademark	As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number 021176 Customer Number Har Code										mer			
i			\boxtimes	OR Registe	red pract	titioner(s)	name.	/registratio	n number lis	ted below	· L	Label here	<u> </u>	
	Name				Registr Numl	ation			Nam			Regist Num		
Philip Su	ımma			31,										
Richard :	L. Add	liton		43,4	460			ļ						
Stanley I	3. Bak	er		35,0	058									
Additional r	egistered	practitioner(s) named c	n supple	mental F	Registered	Prac	titioner Info	rmation she	et PTO/S	B/02C	attached heret	0.	
Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to: Customer Number or Bar Code Label OR Correspondence address							ess below							
Name	PHIL	IP SUMM	A, Pate	nt Atto	rney									
Address	13777	Ballantyı	ne Corp	orate P	lace						· 			
Address	Suite	315								r				
City	Charl	otte		<u> </u>		-, ·	٠	State NC ZIP			р 28277			
Country	US			Τe	lephon	e 70	4-94	1-945-6700 Fax				704-945-6735		
believed to be	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.													
Name of S	Name of Sole or First Inventor:													
Given Name (first and middle [if any] Family Name or Surname														
Wyatt Price HARGETT, Jr.														
Inventor's 4 / 4 / 7 - 1/ // 1														
Signature Wyat Price Hornet . Date 4/30/9								4/20/74						
Residence: City Matthews State NC						Country	US			Citizenship	US			
Post Office Address 3201 Pleasant Plains Road														
Post Office	Address													
City		Matthew	'S Stat	e NC	;	ZII	<u> </u>	28105		Cou	ntry	US		
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto														

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

											
Name of Additional Joint Inventor, if any:									ntor		
Given Name (first and middle [if any])					Family Name or Surname						
Edward Earl		KIN	G								
Inventor's Signature	during ?	Ku						Date	4/	30/99	
Residence: City	Charlotte	State	$\frac{1}{2}$ _{NC}	Co	untry	US		Citizensh	ip l	JS	
Post Office Address	4709 Pineland Place										
Post Office Address											
City	Charlotte	State	NC	Z	ZIP	28277	Country	US			
Name of Addition	nal Joint Inventor, if any	y:		A	petitio	n has been file	for this	unsigne	ed inve	entor	
Given Na	me (first and middle [if any])		Family Name or Surname							
Inventor's Signature								Dat	e		
Residence: City		State		C	ountry			Citizen	ship		
Post Office Address						·					
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City		State			ZIP		Count	ry			
Name of Additio	nal Joint Inventor, if an	y:			petitio	n has been file	d for this	unsign	ed inv	entor	
Given Na	me (first and middle [if any])				Family Na	me or Su	ırname			
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Inventor's Signature		<u>. </u>	<u> </u>			T		Da	te		
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